

## Substance Abuse/Mental Health Program Daily Treatment Log

(Note: Allowing clients to see the names or signatures of other clients violates federal confidentiality regulations regarding disclosure of drug or alcohol treatment records.)

**Client** \_\_\_\_\_

**Vendor** \_\_\_\_\_

**Month/Year** \_\_\_\_\_

<b>Date of Service</b>	<b>Type of Service Provided</b> (For 1012 Sweatpatch, indicate whether applied, removed, or both)	<b>Time In</b>	<b>Client Initials</b>	<b>Time Out</b>	<b>Client Initials</b>	<b>Vendor Initials</b>